

# Association of County Mayors

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## ACM

### 8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

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### 9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Fred Congdon 5-21-07  
Signature of Person Completing Report Date  
Print Name of Person: FRED CONGDON

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

Fred Congdon 5-21-07  
Signature of CEO, CFO or Authorized Representative Date  
Print Name of Person: \_\_\_\_\_

I, Sandi Jones, the undersigned, do hereby witness the above signature of the CEO,  
(Printed Name of Witness) CFO or Authorized Representative, which was signed in my presence.

Sandi Jones 5-21-07  
Signature of Witness Date

RECEIVED  
2007 MAY 22 AM 9:23  
TENNESSEE  
ETHICS COMMISSION

